

RELATED SERVICE PROVIDER SURVEY

LEA _____ SCHOOL/SITE _____

The information collected from this survey is confidential. Please answer all questions. Questions that require a yes or a no should be checked on the right side of the page. Please mark only one answer.

1. What is your job role? PT _____ PT Aide _____ OT _____ COTA _____ SLP _____
SL Aide _____ Adaptive PE Teacher _____ Audiologist _____ Counselor _____
O&M _____ Other (specify) _____
2. Describe the good things going on in your special education program.

3. During the evaluation/reevaluation process, do you provide the MET team with information you have gathered from you work with the student being evaluated? _____ YES
_____ NO
II.B.5.c
4. Does the MET/IEP team discuss whether or not a student needs assistive technology evaluations, services, or devices? _____ YES
_____ NO
II.B.9.b
5. Does the IEP team determine the need for related services? _____ YES
_____ NO
III.B.4.h
6. Does the IEP team determine appropriate supplementary aids, services, and adaptations (accommodations and modifications) to be used during instruction and testing?
Comments: _____

III.B.4.i
7. Are IEPs being implemented as written – including in the regular classroom, related services, etc.? Comments: _____

IV.B.2
8. If you work with a hearing impaired child, are hearing aids checked on a daily basis? _____ YES
_____ NO
IV.B.10
9. Has the district/school informed you of procedures to ensure confidentiality of student records? _____ YES
_____ NO
V.B.1.b
10. Do you have any concerns regarding your school's special education program? Please explain.

OPTIONAL: If you would like to discuss any concerns about this special education program, please call 602-542-4013 and ask to speak to the special education monitor working with this school/district.